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SUBACUTE SEPTIC _NDOGARDITIS

Academician N. Strazhesko Hero of Socialist Labor Kiev

As early as the 1926 Conference of Russian Therapeutists, I stated my eppesition to the views of Schottmuller regarding the problem of the endocarditis lenta. He claimed that any diseas, is the result of several factors and not one specific factor. He further stated that it was impossible to determine the specificity of the streptococcus virians in ondocarditis since post-mortens showed that there were various ferms of streptococci present in the valves of the heart.

At that time I stated that chronic infections should be explained from the standpoint of gradually changing relationships between the microbs and the organism, and that this relationship was further complicated by the presence of endogenic and exceenic factors which are hard to distinguish. My contentions were based on data obtained in clinical uperiments conducted to determine the action of immunity and allergy, and the variations in the exchange of matter during the various stages of infection. It was possible to show that there was in fact a relationship between rhematic polyarthritis and chronic sepsis, but that it differed from the type of relationship described by Schottmiller and his proponents Ashof and others.

Another report submitted about that time by Prof B.A. Chernogubov stated that the normal-temperature during this disease should be 37.5 degrees. Docent'M. L. Kacher, one of my co-workers, went on record to oppose thermogutov's contentions.

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Years later, in December 1948, at a meeting of Moscow therapeutists held at MONOKI, Ye. M. Tareyev presented a report which appeared to be a conduction as well as conclusion to Chernogabov's teachings. Rather the go into Tareyev's report too doeply, I should like to mention briefly that it is important to know the history of any field of medicine well, before attempting a report. It is therefore necessary to read up on Buye, Botkin and others who wrote on rheumatism and chronic sepsis as well as to acquaint oneself with the erroneous checptions of such worthy scientists as Ashof, Schottmuller, Chernorutter, Klinge, Abrikasov, Davidovskiy and others.

According to Tareyev, the participants at the 1948 meeting came to the conclusion that "there is no relationship between rheumatic and subscute septic endocarditis, and that the latter is a new process caused primarily by the action of streptococcus viridans." This appears to be in direct agreement with Chernogabov's ideas as he claimed that septic endocarditis is a complication of some general infection caused by the microbes known to be of the same etiology as sepsis lents. It is legical to consider, therefore, that although rheumatism can be arrested in its initial stage, all atthat of aeptic endocarditis following this rheumatic condition will effect the valves of the heart which have already been weakened by rheumatism.

However it must be borne in wind that infection of the valves is not always the result of the action of microbes. The action of microbes is effective only in the presence of toxins. This fact has been proved by experiments with toxic substances, for example, allyiformate.

Later on Lang and Eschier, after prolonged laboratory studies, reported that "In spite of the data obtained, we are in no position to disprove the contention that rheumatic endocarditis and the onset of septic endocarditis are variations of the reactions of one and the same macroorganism."

Therefore, it is easy to see Kachker's position when he claims that "there is only one form of endocarditis, which without any relationship to the character of the pathologic canatomic changes in the valualar-endocardity without any relationship to the presence or absence of a secree of infection in the blood or on the valualer endocardium, and without any relationship to the etiologic characteristics of this disease, nevertheless has various clinical pictures of the course of this disease. This difference between the clinical and the pathologic-anatomic picture on the based on the nonstandard relation in each individual case between the micro- and macroorganisms." It is much harder to understand Chernogubov's contentions that "rheumotic and septic endocarditis are variations of the reactions of one and the same macroorganisms."

Tareyev's article concludes by stating that on the strength of the high level of reports submitted by Soviet therapeutists, it is possible to state that Soviet science is foremost in dealing with problems of subscute septic endocarditys.

But how about the other scientists, who are carrying on the fight against Thermoguber's influence: which seems to follow the theory of foreign scientists? Tareyev apparently presented only one dide of the picture, and for this reason his contention that this disease should be called "Thermogubov's disease" cannot be accepted.

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